

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS

**REVIEW CRITERIA**  
**EFFECTIVE OCTOBER 1, 1998**

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**CRITERIA NUMBER 26 - CHRONIC NEUROMUSCULO-SKELETAL INJURY**

**I. Narrative Description:**

- A. Chronic Neuromusculo-Skeletal Injury

**II. History/Symptoms:**

- A. Must meet the following:
- B. Injured worker is employed; **and**
1. Has functional impairment related to injury; **or**
  2. Has residual clinical findings that may result in limitation of activities of daily living **and** work related activities; **and**
- C. Completed applicable treatment guideline for primary diagnosis; **and**
- D. Maximum Medical Improvement (MMI) has not been reached (determined by treating practitioner); **and**
- E. Recurrent or residual neuromusculo-skeletal symptoms exist

**AND**

**III. Diagnostic Testing Allowed:**

- A. None

**AND**

**IV. Treatment Measures Allowed (within scope of license):**

- A. The following are allowed in an eight (8) month period from the end point of the primary diagnosis Neuromusculo-Skeletal Injury guideline:
1. Medical visits (max. 4 visits)
  2. Physical therapy (max. 16 visits)
  3. Occupational therapy (max. 16 visits)
  4. Chiropractic (max. 16 visits)

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- B.** Physical agents and modalities (max. 2 allowed per treatment session)
1. Heat/cold
  2. Electrical stimulation
  3. Iontophoresis/phonophoresis
  4. Ultrasound
  5. Flouri-methane
  6. Cold laser

**AND**

**V. Discharge Planning Required:**

- A.** Office of Education and Vocational Rehabilitation referral form completed and sent to the DIA (signed by treating practitioner)

**VI. Special Instructions:**

- A.** *Physical agents and modalities are not allowed as the only treatment.*
- B.** *Home equipment is not allowed (eg. home whirlpools, hot tubs, special beds or mattresses, waterbed, recliner or lounge chairs, electro-sleep devices, electrical nerve (TENS) or muscle stimulators).*
- C.** *Duplication of any services for patients being treated by more than one discipline is not allowed.*
- D.** *Re-entry into this guideline for the same diagnosis is not allowed.*
- E.** *At conclusion of this guideline, the patient should be considered at maximum medical improvement and rated according to the most current AMA Impairment Guide.*
- F.** *Non-compliance with the treatment program, as determined by the treating practitioner, will result in immediate termination from this guideline.*
- G.** *Patients with Chronic Pain Syndrome are excluded from this guideline.*
- H.** *Inpatient treatment is not allowed.*

**VII. Level of Care:**

- A.** *Outpatient*